

# Iowa Board of Nursing

RiverPoint Business Park  
400 S.W. 8th Street Suite B  
Des Moines, IA 50309-4685

## **FORM B** – Submitted by the Nursing Education Program

### **RE: INDIVIDUALS WITH DISABILITIES WHO REQUEST SPECIAL TESTING ACCOMMODATIONS DURING ADMINISTRATION OF THE NATIONAL COUNCIL LICENSURE EXAMINATION FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES [NCLEX®]**

Pursuant to the Iowa Administrative Code [655] 3.4(5) licensure applicants with disabilities, as defined in the Americans with Disabilities Act, may be provided modifications in the examination or examination administration. In order to be considered documentation of testing modifications provided to the applicant while enrolled in the nursing education program must be submitted for board review in addition to documentation of disability by a qualified professional. Documentation review must include all items listed below to justify the candidate's need for modifications due to a disability that substantially limits one or more major life activities.

Please complete this form or attach to your narrative comments. The forms may be returned directly to the Iowa Board of Nursing office or returned to the applicant for submission. Receipt of this form and the appropriate supporting documentation is required for board consideration of testing accommodations.

[1] NAME OF STUDENT/GRADUATE

[2] MODIFICATIONS IN EXAMINATION AND/OR EXAMINATION  
ADMINISTRATION PROVIDED BY THE NURSING PROGRAM [Include the period of time  
during which modifications were provided.]

[3] DISABILITY FOR WHICH MODIFICATIONS WERE GRANTED [Cite the source by name  
and title]

[4] DESCRIPTION OF THE IMPACT OF PAST ACCOMMODATIONS ON THE  
INDIVIDUAL'S ABILITY TO MEET PROGRAM OBJECTIVES

[5] SIGNATURE AND TITLE